

Quarterly Report Of Egg Inspection Fee

Please return fee and form to:
Kansas Department of Agriculture
Records Center - ACAP
109 SW 9th Street
Topeka KS 66612
785-296-3731

Name _____

Address _____

City _____

Federal Tax ID _____

Qtr # Dates of Quarter Date due

1 January 1 - March 31 April 30

2 April 1 - June 30 July 31

3 July 1 - September 30 October 31

4 October 1 - December 31 January 31

For Quarter _____ of _____

Inspection Fee \$.0035 per dozen eggs

The minimum inspection fee is \$15.00

Penalty Fee \$5.00 per day late

The penalty fee is in addition to the regular quarterly fees.

A. Quarterly Inspection Fees Due

A1. Minimum inspection fee of \$ 15 . 00

OR

A2. \$.0035 times _____ [Dozen eggs] = \$ _____ . _____

Total for A Fee is \$15.00 or Line A2, whichever is greater. \$ _____ . _____

B. Late fees assessed and Due

Days late _____ times \$5.00 per day = \$ _____ . _____

Total for B \$ _____ . _____

Grand Total Due [A plus B] \$ _____ . _____
[pay this amount]

This report is due into this office on or before April 30, July 31, October 31, and January 31. **A penalty of \$5.00 per day shall be accessed in delinquent fees for each day such fees are delinquent.**

For and on behalf of the applicant, I, the undersigned, hereby authorize the Secretary of the Kansas Department of Agriculture or his/her authorized representative to examine all records of the applicant necessary for the purpose of verifying and determining the fee due under the egg law to the State of Kansas. (K.S.A. 2-2507)

Signature _____
Typed/printed
name of signer _____

Date _____
Title _____

For Office Use Only

Revised 05/00

EQF _____ - _____
EQP _____ - _____